

ERIE COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

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NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE.

You must attach a check or money order (payable to the Erie County Department of Personnel) for exam examination. Consult the exam announcement for the correct filing fee. **There are NO refunds.**

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last Name First M.I.

Street Address

City or Post Office State Zip Code

Phone (Including Area Code) Home Business

2. SOCIAL SECURITY NUMBER

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3. Are you 18 years of age or older? ☐ Yes ☐ No

If minimum and/or maximum age requirements are established for this position, enter your birth date:

MO.: DAY: YEAR:

4. If you wish to apply for veteran's credits on this examination, check this box and refer to page 4 of this application. ☐

5. If your religion forbids you from taking this examination on a Saturday, check this box. ☐

6. If you need special arrangements to participate in this examination because you are a handicapped person, check this box. ☐

If you checked the above box, describe the type of assistance you require.

7. Are you a citizen of the United States? ☐ Yes ☐ No

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? ☐ Yes ☐ No

(Non-Citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

DO NOT WRITE IN THIS SPACE

Number Approved

Conditional Disapproved

8. Check appropriate box to the right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? ☐ Yes ☐ No
- B. Did you ever resign from any employment rather than face dismissal? ☐ Yes ☐ No
- C. Did you ever receive a Dishonorable Discharge from the armed forces of the United States? ☐ Yes ☐ No
- D. Have you ever been convicted of a crime? (felony or misdemeanor) ☐ Yes ☐ No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? ☐ Yes ☐ No

If you answered "YES" to any of the Questions 8 A-E above, you may give specifics under "REMARKS" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

9. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	NAME	YEARS	MOS.
School District:			
Village of:			
Town of:			
County of:			
State of:			

BACKGROUND INVESTIGATION: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification. Applicants may be required to pay a fee for the investigation.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant

Date

Indicate any other name(s) by which you have been known that is necessary to verify former employment and/or education. (Please Print)

FOR OFFICIAL USE ONLY

APPROVED

DISAPPROVED

DATE

VC

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NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

10. EDUCATION

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

Have you graduated from High School? ☐ YES ☐ NO If yes, name and location of High School.

If you have a High School Equivalency Diploma, indicate: issuing Government Authority.

Number

Date of Issue

	NAME OF SCHOOL AND CITY IN WHICH LOCATED	DATES OF ATTENDANCE (MONTH AND YEAR)		FULL OR PART TIME	NO. OF YEARS CREDITED	WERE YOU GRADUATED?	TYPE OF COURSE OR MAJOR SUBJECT	NUMBER OF COLLEGE CREDITS RECEIVED	TYPE OF DEGREE	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO							
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL										
OTHER SCHOOLS OR SPECIAL COURSES										
LIST TYPING & STENO COURSES HERE										

11. LICENSES: If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box. ☐

NAME OF TRADE OR PROFESSION	LICENSE #	GRANTED BY (LICENSING AGENCY)	CITY OR STATE OF
SPECIALTY	DATE LICENSE FIRST ISSUED	REGISTERED FROM: (MO/YR)	TO: (MO/YR.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? ☐ YES ☐ NO

13. DESCRIBE EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. Describe volunteer or unpaid experience in the same way as paid work, showing its volunteer nature in the "Earnings" box. Relevant volunteer/unpaid experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have military service which includes pertinent experience, describe such experience as a separate employment. If your title or duties changed materially in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "DUTIES" for each employment describe the nature of work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO / EARNINGS (Circle One) \$ WK/MO/YR	FIRM NAME	ADDRESS	CITY AND STATE
DESCRIBE DUTIES BELOW			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO / EARNINGS (Circle One) \$ WK/MO/YR	FIRM NAME	ADDRESS	CITY AND STATE
DESCRIBE DUTIES BELOW			
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No. of hours worked per week (excluding overtime)			

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